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7590 06/12/2007

Simona A. Levi-Minzi, Ph.D.
 McDermott Will & Emery LLP
 201 South Biscayne Boulevard
 Suite 2200
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Jacqueline I. Andreu

(Depositor's name)

Jacqueline I. Andreu

(Signature)

7/6/07

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/723,031 | 11/26/2003 | Eric S. Bernstein | BORNE40587 | 8863 |

TITLE OF INVENTION: LASER AUGMENTED PERIODONTAL SCALING INSTRUMENTS

| APPN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 09/12/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| BUMGARNER, MELBA N | 3732 | 433-143000 |

| | |
|---|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list McDermott Will & Emery LLP |
| <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE
NOMIR MEDICAL TECHNOLOGIES, INC.Natick, MA 01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 15.00 DAPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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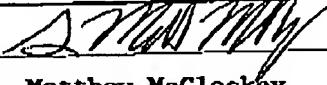
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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date **7/6/07**Typed or printed name **G. Matthew McCloskey**Registration No. **47,025**

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